



# Drycleaner Eligibility Application

## Drycleaning Restoration Trust Fund

### Bureau of Land and Waste Management

2600 Bull Street, Columbia, SC 29201-1708

(See Instructions on Page 5-6)

<b>A. Registrant Information</b>		Type or Print All Entries		<b>SCDHEC USE ONLY</b>	
1.		Registrant Name (Owner/Partnership/Corporate Charter Registered with DOR)		Date Received:	
2.		( )		App. Completed: Y N -- / /	
3.		Application Contact Person		Project Number:	
3.		Telephone			
3.		Company Mailing Address		City State Zip Code	
4.	Have all annual registration fees, surcharges, and solvent fees been paid for each Drycleaning Facility under the applicant Company's control after July 1, 1995?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B. Facility Information</b>					
5.			City		Zip Code
6.			( )		
6.			Facility Contact Person		Telephone
7.	Has the Facility only operated as a Wholesale Supply Facility supplying drycleaning solvents to drycleaning facilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8a.	Has the Facility registered for the Restoration Trust Fund (with the SC Department of Revenue) and paid yearly fees into the Fund as a drycleaning facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	8b. If "No"– check reason below:				
	<input type="checkbox"/> Drycleaning solvents have not been used at this location after October 1, 1995. <input type="checkbox"/> Facility is only a Wholesale Supplier of Drycleaning Solvents. <input type="checkbox"/> Other: Specify _____				
9.	Placard Name of the Business currently occupying the site:				
10.	What is the current use of the Facility? <input type="checkbox"/> Active facility (i.e., a drycleaning machine or drycleaning solvents are on the premises). <input type="checkbox"/> Currently used only as a Dry-drop facility (i.e., drycleaning is done elsewhere). (Check one.) <input type="checkbox"/> Other: Specify: _____				
11a.	Does the Fund Registrant (from line #1 above) own all property and buildings occupied by this facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	11b. If "No", provide contact information for a representative of the property owner / landlord.				
			( )		Phone
<b>C. Applicant Signature and Notarization</b>					
<b>I hereby attest that all information contained in this application is accurate. I request that the Department evaluate this facility to determine its eligibility for the Drycleaning Restoration Trust Fund.</b>					
12.					
	Signature of Company Executive (Application Contact Person)			Title	
	SWORN to before me this _____ Day of _____				
	NOTARY PUBLIC FOR SOUTH CAROLINA				
	My commission expires: _____				
IMPRINT NOTARY SEAL HERE					

**D. Facility Chemical and Historical Waste Information**

13. **Solvents used on-site:** Check all solvents from the list below that were ever used, stored, and/or disposed at the Facility.

- |   |   |
|---|---|
| <input type="checkbox"/> Perchloroethylene (i.e., Tetrachloroethylene, Perc, PCE, DowPer, Perclene) | <input type="checkbox"/> Petroleum Based Solvent (i.e., Stoddard, Varsol, Naphtha, Mineral Spirits, DF2000, etc.) |
| <input type="checkbox"/> Trichloroethylene (i.e. TCE)   | <input type="checkbox"/> Fluorocarbon 113 (i.e., Valclene, Freon-113)   |
| <input type="checkbox"/> Carbon Tetrachloride (i.e., Freon 10)                                      | <input type="checkbox"/> Other.... Specify _____  |

- 14a. Is the facility an active drycleaning operation (i.e. "Wet Site") or active Wholesale Supply Facility? ☐ Yes ☐ No

14b. If "NO", Last date of Operation as a Wet Site or active Wholesaler: \_\_\_\_\_

15. When did the facility first start operating as a Drycleaner or Wholesaler? \_\_\_\_\_

16. Total Number of years operating as a Drycleaning Facility or Wholesaler prior to this application: \_\_\_\_\_  
*Include any period operated by any other drycleaner or wholesaler but exclude shutdown periods longer than six months or periods when the facility only operated as a "dry drop" location:* \_\_\_\_\_

17. Based on the Applicant's knowledge of the operation history, contamination of the environment at this facility is the PROBABLE or POSSIBLE result of: *(check all that apply)*

- ☐ Spillage of solvents while transferring from containers to drycleaning machines or other equipment.
- ☐ Leaking underground solvent storage tanks, and/or piping.
- ☐ Venting of solvent-containing vapors outside of the building with condensation onto the ground.
- ☐ Disposal of solvent or solvent-containing wastes into pipes, sewers, or septic tanks, including such disposal from accidental spills in the vicinity of floor drains near the drycleaning equipment.
- ☐ Leakage from pipes, tubing, gaskets, door seals, etc., associated with drycleaning machines, vacuum presses, spotting boards, or other equipment.
- ☐ Use of separator water or other solvent-containing liquids for general housekeeping, mopping floors, cleaning equipment, etc.
- ☐ Pouring or other disposal of solvent or solvent-containing liquids onto the facility grounds (including hard or paved surfaces).
- ☐ Sudden or unexpected spillage of solvents in storage areas as a result of burst containers, accidental container overturns, or other failure of the solvent containers or tanks.
- ☐ Releases or discharges of solvents onto floor surfaces while transferring clothing to dryers.
- ☐ Disposal of muck cooker bottoms or still residues on the facility property.
- ☐ Leaching or draining of solvents from used cartridge filters/filter cake/diatomaceous earth ("diatomite") stored outside of the facility, or in garbage cans or dumpsters while waiting for pick-up by waste haulers.
- ☐ Unknown -- Applicant has no direct knowledge of the facility operations.

- 18a. Does the applicant know of any other potential releases of solvent or solvent-containing waste into the environment at this facility? ☐ Yes ☐ No

18b. If "Yes", Please Describe: *(Attach additional pages if needed.)*

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- 19a. Have steps been taken to eliminate future occurrences of any items checked in #17 or described in #18 above? ☐ Yes ☐ No

19b. Describe these measures *(Attach additional pages if needed.)*

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- 20a. Is the applicant aware of any evidence suggesting contamination of nearby properties has occurred because of this facility or other sources of contamination? ☐ Yes ☐ No
- 20b. Describe: *(Attach additional pages if needed.)* \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 21a. Has a septic tank, cesspool, dry-well, or on-site lagoon ever been used for any type of wastewater disposal since the facility first began operating as a Drycleaning Facility or Wholesale Supply Facility (including waste from toilets, laundry or drycleaning areas)? ☐ Yes ☐ No
- 21b. IF "Yes", is it still in use? ☐ Yes ☐ No

**E. Hazardous Waste Generator Status:** See Instructions (Page 6) for equivalent measurements.

- 22a. Does the Facility have a SC Hazardous Waste Generator ID Number? ☐ Yes ☐ No
- 22b. If "Yes", Identification Number: \_\_\_\_\_
23. Is more than 2,200 pounds of solvent-containing waste currently stored or disposed of on-site? ☐ Yes ☐ No
- 24a. If the facility is in operation, does it ever produce more than 220 pounds of solvent-containing waste in any one-month period? ☐ Yes ☐ No  
☐ N/A-Facility not in operation
- 24b. If "Yes", is all solvent-containing waste removed from the Facility premises within Six months (180 days) from when it was first produced? ☐ Yes ☐ No
- 25a. If the facility is in operation, provide details on how solvent-containing waste is disposed of from the facility, include the names of any waste haulers that are used. *(Attach additional pages if needed.)* ☐ N/A-Facility not in operation
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 25b. How is "Separator water" disposed of? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**F. Natural Resources and Nearby Land Use:**

26. Are any wells located at the facility? ☐ Yes ☐ No  
 (including drinking water wells, irrigation wells, monitoring wells, test wells, etc.)?
- 27a. Is drinking water at the facility currently supplied from a Private Well? ☐ Yes ☐ No
- 27b. If "Yes", what is the approximate depth of the well? \_\_\_\_\_ feet.
28. Where does excess rainwater flow to from the facility? *(Check all that are applicable.)*
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Residential areas                               | <input type="checkbox"/> Wooded areas or open fields                                   | <input type="checkbox"/> Storm drains  |
| <input type="checkbox"/> Ditches / drainage canals that regularly dry up | <input type="checkbox"/> Streams, ponds, lakes, canals or other permanent water bodies | <input type="checkbox"/> Run-off soaks into the ground and does not leave the property |
| <input type="checkbox"/> Commercial/ Industrial areas                    | <input type="checkbox"/> Other: _____  |  |
29. Describe the land uses on all sides of the facility. Indicate if the adjacent properties are residential, commercial, or industrial areas. If the adjacent properties are occupied by commercial businesses, please identify the type of business (e.g., "Auto repair", "Retail", etc.). If a road or street borders the facility, please describe the land use on the other side of the street. Also, indicate if the adjacent properties are known or suspected of using private wells as their source of drinking water:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## G. Spills and Releases

**Note:** This section refers to spills in excess of the Federal "Reportable Quantity" (RQ). RQ's are defined in Federal Hazardous Waste laws and vary depending on the type of solvent in use at the Facility. The RQ applies regardless of whether the spill is pure solvent or a mixture of other liquids containing trace amounts of the solvent. For Halogenated Solvents such as Perchloroethylene, the RQ is 100 pounds. This will be exceeded with just slightly more than 7 gallons of pure solvent, or up to 15 gallons of water containing trace amounts of the solvent. For Petroleum-based Solvents, the RQ is exceeded if any amount of the solvent causes an oil sheen or deposit in "waters of the U.S." Information on RQ's for other solvents may be obtained from the solvent manufacturer or supplier.

30. Has this facility ever operated as a Drycleaning Facility or Wholesale Supply Facility after July 1, 1995? ☐ Yes ☐ No  
**If "No" please skip to Section H.**
31. Since July 1, 1995, have any spills or other releases of drycleaning solvents and/or substances mixed with solvents not been captured by the containment pans or other structures around the drycleaning machine(s) or solvent storage areas?  
☐ Yes ☐ No  
Spills have occurred outside of containment structures. Spills have not occurred outside of containment structures.
- If "No" please skip to Section H.**
32. Did the amount of solvent and/or substances mixed with solvent exceed the Federal Reportable Quantity (see above)? ☐ Yes ☐ No  
**If "No" please skip to Section H.**
- 33a. Upon discovery of the spill, was it immediately reported to the Department? ☐ Yes ☐ No  
33b. If "Yes", Date of Spill(s): \_\_\_\_\_

## H. Sampling Information

34. Has an Initial Assessment Procedure at the facility been conducted by a SC Drycleaning Restoration Trust Fund Certified Environmental Contractor? ☐ Yes ☐ No
35. Has any other environmental testing been conducted at the facility? ☐ Yes ☐ No
- 36a. Does the applicant currently own, rent, or otherwise have legal access to the facility property?  
☐ Yes ☐ No

**Skip to Section I if #34 or #35 has been checked as "Yes":**

The Applicant agrees to submit results of an Initial Assessment Procedure within 90 days of this application.

The applicant agrees to obtain access from the property owner and arrange for an Initial Assessment Procedure when the Department determines the site is a priority for further action.

36b.

\_\_\_\_\_  
Signature of the Applicant indicating agreement with the above conditions

## I.. Complete the Application Package:

In order to submit a complete application, additional forms and documentation as indicated below should be submitted with this application. Failure to submit the required forms may result in loss of Fund Eligibility for the facility.

37. If the facility operates as a Drycleaning Facility or Wholesale Supply Facility anytime after May 24, 2005 **or** if the facility starts operation after November 24, 2004: ☐ **Attach Containment Structure Certification Form (DHEC 3879)**  
☐ Not Applicable- Facility not in operation.
38. If this is the first Drycleaner Eligibility Application for any facility under the control of this Applicant: ☐ **Attach Findings of Due Diligence (DHEC 3471)**  
☐ Not Applicable- Applicant has submitted a Findings of Due Diligence with another application.
- 39a. If an Initial Assessment Procedure has been conducted at the Facility by a Certified Environmental Contractor: ☐ **Attach Field Inspection Form (DHEC 3470)**  
(Include Copies of Receipt or other proofs of payment for the amount shown in 39b. Form 3470 should be completed by the Drycleaning Fund Certified Contractor. Include copies of logbooks, analytical results and chain-of-custody records provided by the contractor.)  
☐ Not applicable - Initial Assessment has not been done.
- 39b. \$ \_\_\_\_\_  
**Enter the Amount paid to the Certified Environmental Contractor for performing the Initial Assessment Procedure.**
40. If any other environmental testing has been conducted: ☐ Include copies of analytical data, diagrams, chain-of-custody, and other documentation.  
☐ Not applicable - no other environmental testing has been done.
- Note: Costs of other environmental data are not reimbursable from the Fund and do not count toward the deductible.**